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**PTO IDENTIFIER:** Application Number 09/503,852-Conf. #5439  
Patent Number

**Inventor:** Jonathan L. Tilly et al.

**MESSAGE TO:** US Patent and Trademark Office

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**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

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**Attorney Dkt. #:** 64982(51588)

**PAGES (Including Cover Sheet):** 6

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Application No. (If known): 09/503,852

Attorney Docket No.: 64982(51588)

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<b>TRANSMITTAL FORM</b>		Application Number 09/503,852-Conf. #5439
(to be used for all correspondence after initial filing)		Filing Date February 15, 2000
		First Named Inventor Jonathan L. Tilly
		Art Unit 1618
		Examiner Name James Spear
Total Number of Pages in This Submission 1		Attorney Docket Number 64982(51588)

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PTO/SB/62 (01-06)

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/503,852-Conf. #5439
	Filing Date	February 15, 2000
	First Named Inventor	Jonathan L. Tilly
	Art Unit	1618
	Examiner Name	Gollamundi S. Kishore
	Attorney Docket Number	64982(51588)

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number:  Please change the correspondence address for the above-identified application to: The address associated with  
Customer Number: 

OR

 Firm or  
Individual Name: Address: City: Country: State: Zip: Telephone: Email: 

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature: Name: *Kris Betres*Date: *Nov. 7 2006*Telephone: *617 726 8629*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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INDICATION FORM

Application Number	09/503,852-Conf. #5439
Filing Date	February 15, 2000
First Named Inventor	Jonathan L. Tilly
Title	PROTECTION OF THE FEMALE REPRODUCTIVE SYSTEM FROM
Art Unit	1618
Examiner Name	Goliamundi S. Kishore
Attorney Docket No.	64982(51568)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number: **21874**

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Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

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OR

 Firm or Individual Name: **Amy Leahy  
EDWARDS ANGELL PALMER & DODGE LLP**Address **P.O. Box 55874**City **Boston** State **MA** Zip **02205**Country **US** Telephone **(203) 975-7505** Email **aleahy@eapdlaw.com**

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<b>K. B.</b>	Date	<b>Nov. 7 2006</b>
Name	<b>Kris Retra</b>	Telephone	<b>617 726 8629</b>

Title and Company **Licensing Manager, The General Hospital Corp.**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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